



USAID
FROM THE AMERICAN PEOPLE

CENTRAL ASIAN REPUBLICS



ЦЕНТР АНАЛИЗА
ПОЛИТИКИ
ЗДРАВООХРАНЕНИЯ

TECHNICAL REPORT

Study of patients' experience and satisfaction with tuberculosis services in the Kyrgyz Republic

2014



This publication was made possible with the support of the American people through the U.S. Agency for International Development (USAID), under the terms of contract No.176-A-00-04-00006-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID or the United States Government.

Acknowledgements	iv
1. Background.....	1
2. Aims.....	1
3. Methodology	2
3.1. Site selection and patient inclusion criteria.....	2
3.2. Interview methodology and training of interviewers	2
3.3. Study instrument.....	3
3.4. Data analysis.....	3
4. Results	3
4.1. Demographic, household, and socioeconomic characteristics of study respondents.....	3
4.2. Level of TB awareness among TB patients.....	4
4.3. Tuberculosis case detection, diagnosis, and initiation of treatment.....	5
4.4. Hospital care	7
4.5. Ambulatory care.....	11
4.6. Financial impact of TB treatment	14
4.7. Treatment adherence.....	14
4.8. Fears, stigma and discrimination	15
5. Discussion.....	16
5.1. Patient awareness of TB	16
5.2. Detection, diagnosis, and treatment initiation	16
5.3. Patient-side diagnostic delays.....	17
5.4. Patient preferences regarding hospitalization versus ambulatory treatment.....	17
5.5. Hospital care	17
5.6. Ambulatory Care.....	18
5.7. Treatment adherence.....	19
5.8. Financial impact of TB treatment	19
5.9. Fears, stigma and discrimination	19
6. Survey limitations	20

Acknowledgements

This report is the result of collaborative work of the Quality Healthcare Project (USAID / Abt Associates), the Health Policy Analysis Center (Kyrgyz Republic) and the National Tuberculosis Center. We would like to express deep gratitude to the primary healthcare facilities that supported this study by providing statistical information pertaining to patients with tuberculosis and provision of logistical support (facilities to meet with patients). Also, we would like to thank all of the patients who agreed to participate in this study.

1. Background

The epidemiological situation with tuberculosis (TB) in Kyrgyz Republic remains unfavorable. Although the TB case notification rate and mortality rate have declined over the past 10 years, the rates of MDR TB among new and retreatment cases are some of the highest in the world, at 26 and 68%, respectively (WHO TB profile for KR, 2012)¹. It is difficult to define the exact cause of high MDR rates, but almost certainly it is multifactorial, relating to gaps in quality of care at both the hospital and PHC levels resulting in late identification of drug resistant strains of TB, treatment with ineffective regimens, and low patient adherence rates. In the late 1990s, primary health care providers took on expanded roles in the detection and treatment of TB as DOTS was implemented country-wide. However, many gaps in quality remain with generally low levels of vigilance for TB, poor quality of sputum microscopy, underuse of culture and drug sensitivity testing (DST), and systems of direct observed therapy that are health facility based and not patient-oriented. Until recently, lengthy hospitalizations were mandated for all TB patients, yet infection control measures are not adequately observed in TB facilities, non-standardized treatment regimens are prescribed, and DST results are often not obtained or become available only after 2-3 months of treatment. The treatment success rates for drug sensitive TB was 79% in 2012, but for DR TB, success rates are much lower (42% in 2009) and default rates are high (27%, 2009).

To reduce diagnostic delays, the population should be aware of typical TB symptoms and have ready access to health facilities where providers maintain a healthy vigilance regarding TB and where delays in the diagnostic process are minimized. Patient adherence to therapy is key to successful treatment of TB and is of particular importance to prevent drug resistant strains of TB from developing. To improve patient adherence, it is critical to create a supportive environment for patients where potential barriers to treatment adherence are identified and addressed, including out-of-pocket expenses associated with treatment. Kyrgyz Republic is a low income country with an absolute poverty rate of 36.8% and a gross national income per capita of \$920 in 2011 (\$77/month), so relatively small costs related to treatment can potentially affect adherence².

Under the USAID Quality Health Care Project, this operational research was organized to better define patients' experience receiving TB services in Kyrgyz Republic to identify areas where quality improvement efforts should be directed to create a more supportive and safe environment for patients.

2. Aims

The primary aim of this operational research was to evaluate TB services (detection, diagnosis, treatment, and coordination of care) provided at all health system levels from the patient's perspective, to assess the level of stigma faced by patients, and to ascertain the type and level of expenses encountered by patients during treatment. A secondary aim was to establish a baseline quality assessment that would allow for a subsequent evaluation of the impact of interventions implemented within the framework of the USAID Quality Project.

Specifically, this operational research was designed to answer the following questions:

1. What is the level of awareness of TB patients regarding symptoms, transmission, detection, treatment, and importance of adherence to prescribed medications?
2. How is the current system of case detection functioning: where are patients usually diagnosed and where are diagnostic delays most likely to occur?

¹ Downloaded from https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=KG&LAN=EN&outtype=html; 02 April 2014.

² Downloaded from www.worldbank.org/en/country/kyrgyzrepublic/overview on 11 April 2014

3. Are there any existing problems with access to TB services at the ambulatory or hospital levels?
4. What is the level of patient satisfaction with TB services at all levels of care?
5. What are the most common needs of patients with TB?
6. How often do patients with TB face stigma and how does it impact their care?
7. What types of out-of-pocket expenses to TB patients encounter during inpatient and outpatient treatment?

3. Methodology

From December 2011 through February 2012, trained interviewers conducted structured interviews with 135 patients from 6 rayons who were in the continuation phase of TB treatment.

3.1. Site selection and patient inclusion criteria

Study site selection

Given the secondary aim to establish a baseline quality assessment which would allow the Quality Project to subsequently assess the impact of project interventions, three study rayons and three control rayons were selected (Table 1):

- Study rayons were rayons in which Quality Project had started implementing or planned to implement TB quality improvement measures. At the time the study was conducted, training on quality improvement methodologies had been conducted in all three study rayons but no monitoring or training on TB services had been initiated.
- Control rayons were selected from rayons where the Quality Project did not plan to conduct activities aimed at improving TB services but with similar socioeconomic indicators to the study rayons.

Table 1: study and control rayons

Study		Control	
Rayon	Participants	Rayon	Participants
Issyk-Ata	25	Jayil	25
Ton	15	Jeti-Oguz	20
Bazarkorgon	25	Suzak	25
Total	65	Total	70

Patient selection

Using all available TB-01 forms of patients under TB treatment, a continuous sampling method was used in each rayon to select patients which met the following inclusion criteria:

- Age over 18 years
- Diagnosis of pulmonary tuberculosis (either new or re-treatment)
- On continuation phase of treatment at the ambulatory level for at least one month at the time of selection

Patients with MDR TB were excluded from the study.

3.2. Interview methodology and training of interviewers

Interviews were conducted by independent interviewers (Health Policy Analysis Center staff) trained on the technique of a semi-structured interview. Interviews were conducted confidentially.

3.3. Study instrument

Patients were surveyed using a questionnaire (Appendix 1) developed through a joint effort of USAID Quality Project consultants working in Kazakhstan, Kyrgyz Republic, and Tajikistan. The questionnaire was designed to assess patients' experience with diagnosis, inpatient treatment, and outpatient treatment and consisted of six sections:

Section 1 Demographic information

Section 2 Level of awareness of TB symptoms and case detection

Section 3 Inpatient treatment

Section 4 Outpatient treatment

Section 5 Stigma and discrimination

Section 6 Out-of-pocket expenditures

A draft version was tested in one PHC facility to evaluate the clarity of each question and usefulness of information received in regard to the study objectives.

3.4. Data analysis

A database was prepared for entry of responses to structured interviews. All obtained responses were entered into the database and analyzed using the statistical program SPSS. Out of-pocket expenditures are shown in US dollars, based on an average KGS-USD conversion rate of 45.5 during the six-month period during which expenses would have been incurred by most patients (July – December 2011).

4. Results

4.1. Demographic, household, and socioeconomic characteristics of study respondents

Table 1 summarizes the demographics of the study population. The majority of respondents were male (60%), relatively young (71% under 50 yr.), and educated (93% with secondary or higher education). Thirty-nine percent of respondents were unemployed, 44% employed or working as homemakers, and 13% retired.

Typical income sources are presented in **Table 2**. Approximately one-fourth of study respondents rely on financial support from relatives, with an equal number relying on farming income. Only 18% of respondents have regular employment earnings and 15% have no reliable income source.

Twenty-six percent of respondents stated they were unable to work or study from 4-6 months because of their illness, as shown in Table 3; 16% did

Table 1

Demographic Characteristics of Respondents	
Gender	
Male	81 (60%)
Female	54 (40%)
Age	
18-29	36 (27%)
30-39	35 (26%)
40-49	25 (18%)
50-59	24 (18%)
60-69	9 (6.7%)
≥70	6 (4.4%)
Marital status	
Married	89 (66%)
Single	20 (15%)
Divorced/separated/ widowed	26 (19%)
Educational Status	
Secondary or technical training	107 (79%)
Higher education	19 (14%)
Primary education	6 (4.4%)
No education	3 (2.2%)
Social Status	
Unemployed	52 (39%)
Homemaker	22 (17%)
Employed	20 (15%)
Retired	17 (13%)
Self-employed	16 (12%)
Student	5 (4%)

Table 2

Source of Income	
Support from relatives (including those working abroad)	33 (24%)
Self-subsistence farming	32 (24%)
Monthly employment income	24 (18%)
No regular earnings	20 (15%)
Pension	10 (7.4%)

Table 3

Effect of illness on work/study	
Time lost from work/study	
< 1 month	40 (30%)
1-3 months	20 (15%)
4-6 months	35 (26%)
7-9 months	22 (16%)
≥ 10 months	18 (13%)

Table 4

Household Characteristics	
Household members	
0	4 (3%)
1-3	42 (31%)
4-6	62 (46%)
7-10	24 (18%)
>10	3 (2%)
Children (age 0-14)	
0	47 (35%)
1-3	79 (59%)
4-6	8 (6%)
7-10	1 (1%)

Table 5

Beliefs about causal factors	
Presumed cause	
Complication after viral infection	52 (39%)
Public place	19 (14%)
"Other" (sick relative or acquaintance)	19 (14%)
Don't know	45 (33%)

not know.

All study respondents stated they were informed by health care workers of the need to avoid treatment interruption and 99% were taught about modes of transmission. The most frequently identified sources and methods of patient education are summarized in **Table 6**. Only 11% of patients responded that they felt no need for additional information about TB, with the remaining responding that they would like more information about the curability of TB, about the consequences of treatment interruption, and how to prevent transmission of TB to others.

not work/study from 7-9 months; and 13% for over 10 months (**Table 3**). Only 30% of respondents were out of work or school for less than one month.

Table 4 shows the number of household members and children among respondents. Although 66% of respondents have 4 or more people living in their house, 35% have no children in the home and only 7% have 4 or more children in the home.

4.2. Level of TB awareness among TB patients

Causes of TB

Thirty-nine percent of patients with TB identified "complication of a cold or influenza" as the main cause of their illness, whereas 14% identified public places as the main source of infection (**Table 5**). Fourteen percent of respondents selected "other" as the likely cause and on further questioning identified a sick relative or acquaintance as the likely source of their infection. 33% answered that they could not identify a likely cause.

Patients' awareness of key TB messages before and after diagnosis

76% of TB patients stated that they were not aware of typical symptoms of TB prior to being diagnosed; the vast majority (94%) of TB patients stated they were informed about TB symptoms by a healthcare worker after being diagnosed.

Among those who stated they were aware of TB symptoms prior to their illness, nearly half stated they knew about TB symptoms through conversations with relatives who had family members sick with TB. The majority of these patients were left with the impression that TB is a chronic, untreatable disease.

Thirty-seven percent of study respondents correctly identified their current treatment phase as "continuation phase," three patients incorrectly identified it as "intensive" and 61% replied they did

Table 6

Awareness of TB symptoms	
Aware prior to diagnosis?	
Yes	32 (24%)
No	103 (76%)
Aware after diagnosis?	
Yes	127 (94%)
No	8 (5.9%)
Source of information	
General hospital HCW	49 (39%)
PHC provider	46 (36%)
TB hospital HCW	29 (23%)
Educational methods	
Counselling/lecture	92 (72%)
Brochure/hand-out	24 (19%)
Poster	8 (5.9%)
All of the above	3 (2.2%)

4.3. Tuberculosis case detection, diagnosis, and initiation of treatment

4.3.1. Health facility utilization

-Survey participants were asked where they first sought care for the initial symptoms which led to the diagnosis of tuberculosis and in what type of facility the diagnosis of tuberculosis was made (**Table 7**). Over half of the respondents first sought care at the PHC level, but only 35% received the diagnosis of TB at that level. – In contrast, 14% of patients initially sought care at a TB facility (TB hospital or dispensary) for their symptoms, but 39% of respondents received their diagnosis in TB facilities, suggesting that many patients with symptoms are being referred by PHC providers as “TB suspects” to the TB system to make or confirm the diagnosis. A substantial number of

patients with symptoms bypassed the PHC system and sought care at a general hospital (24%) or TB hospital (13%). There were marked regional variations in these responses, with only 32% of respondents from Jalalabad Oblast seeking initial care from their PHC provider compared with over 70% of respondents in Issyk-Ata, Jayil, and Ton

Table 7

Health facility utilization		
Facility type	First contact	Diagnosis
FMC/FGP/FAP	69 (51%)	47 (35%)
General hospital	33 (24%)	31 (23%)
TB hospital	18 (13%)	25 (19%)
TB dispensary	2 (1.5%)	27 (20%)
Other	13 (10%)	5 (3.7%)

rayons. Even greater variation was found regarding diagnosis of TB, where less than 5% of patients received their diagnosis in PHC facilities in Suzak and Bazarkorgon rayons, while 68 and 76% of patients were diagnosed in PHC facilities in Issyk-Ata and Jayil rayons. This requires further study, as this survey was not powered to detect regional differences and the observed differences may be due to chance.

Twenty-eight patients (21%) went to only one or two health facilities before the diagnosis of TB was made; however, 107 (79%) were seen in three or four facilities, suggesting the existence of system inefficiencies and significant inconvenience to patients.

4.3.2. Patient delay

Table 8

Patient Delay	
Time from symptom onset to 1st health facility visit	
1-7 days	49 (36%)
1-2 weeks	23 (17%)
3-4 weeks	26 (19%)
> 1 month	26 (19%)

Among surveyed patients, 72 (53%) sought care for their symptoms within 2 weeks and 98 (73%) sought care within one month, suggesting that substantial delays in diagnosis of TB are not due to late presentation by patients (**Table 8**). The remainder of patients responded “other” leaving the time between symptom onset and contact with the healthcare system unclear.

4.3.3. Treatment delay

Table 9

Treatment Delay	
Time from diagnosis to start of treatment	
< 1 week	118 (87%)
1-2 weeks	12 (8.9%)
3-4 weeks	1 (0.7%)
≥1 mo.	4 (3.0%)

Once the diagnosis of TB is made, patients are typically hospitalized and treatment started within one week (87% of respondents; see **Table 9**). Patients were asked to explain any delay in hospitalization beyond two days. The most commonly listed reasons were: lack of time, lack of money, long distance to the inpatient facility, diagnosis on a weekend day, and request to repeat diagnostic tests.

Table 10 shows potential access barriers to immediate inpatient care for patients diagnosed with TB. Forty-one percent of respondents live over 30 kilometers from the nearest inpatient facility and a nearly equal amount (39%) spent over \$6.60 on travel to reach the hospital.

Table 10

Access to Inpatient Facilities	
Travel Distance	
< 1 km	5 (3.7%)
1 - 10 km	25 (22%)
10-30 km	36 (32%)
30-50 km	16 (14%)
> 50 km	30 (27%)
Travel cost	
no cost	5 (4.8%)
< \$1.10	11 (11%)
\$1.11 – 2.20	25 (24%)
\$2.21 – 3.30	16 (16%)
\$3.31 – 4.40	6 (5.8%)
\$4.41 – 6.60	14 (14%)
> \$6.60	26 (25%)

4.3.4. Patient preferences regarding hospitalization versus ambulatory treatment

Table 11

Treatment Preference	
Location	
Hospital	47 (35%)
Home	44 (33%)
Ambulatory clinic	37 (27%)
Sanatorium	6 (4.5%)
Supervisor	
Healthcare worker	100 (74%)
Family member	24 (18%)
Other	11 (8.1%)

Twenty-three respondents indicated that they received their entire course of treatment at the ambulatory level (12 from Issyk-Ata Rayon; 11 from Jayil Rayon); the remaining 112 patients were hospitalized upon diagnosis. Patients were asked to state whether they would prefer to be treated in the hospital, in an ambulatory clinic (FMC, FGP, or FAP) or at home if they were offered a choice. Sixty percent of patients expressed a preference to be treated at the ambulatory level; of these, 54% would prefer to receive treatment at home and 46% at a health facility (**Table 11**). Most patients would prefer to take their medication under supervision of a healthcare worker, but 26% expressed a preference to have their treatment supervised by a family member or other acquaintance. **Table 12** shows these preferences by age group. Interestingly, the youngest age group (18-29) indicated the strongest preference for inpatient treatment (50% of respondents); the vast majority (58-83%) of patients from other age groups expressed a preference for ambulatory treatment.

Table 12

Treatment Preferences, by age group						
Age						
Location	18-29	30-39	40-49	50-59	60-69	70+
Home	8 (22%)	16 (46%)	5 (20%)	9 (38%)	4 (44%)	2 (33%)
Hospital	18 (50%)	6 (17%)	9 (36%)	10 (42%)	2 (22%)	2 (33%)
Ambulatory clinic	9 (25%)	11 (31%)	7 (28%)	5 (21%)	3 (33%)	2 (33%)
Sanatorium	1 (2.8%)	2 (5.9%)	3 (12%)	0	0	0
Supervisor						
Healthcare worker	30 (83%)	26 (74%)	15 (60%)	17 (71%)	8 (89%)	4 (67%)
Family member	5 (14%)	6 (17%)	5 (20%)	5 (21%)	1 (11%)	2 (33%)
Other	1 (2.8%)	3 (8.6%)	5 (20%)	2 (8.3%)	0	0

4.4. Hospital care

Table 13

Length of Hospitalization	
< 1 month	4 (4.4%)
1-2 months	46 (60%)
3-4 months	37 (33%)
5-6 months	2 (2.2%)
> 6 months	2 (2.2%)

4.4.1. Length of hospitalization

The majority of respondents with TB (60%) were hospitalized for 1-2 months, corresponding with the length of the intensive phase of treatment for non-MDR TB but a significant proportion (33%) are kept in the hospital for an additional 1-2 months (**Table 13**).

Of the 112 patients hospitalized, eight (7%) patients recalled being on the intensive phase of treatment at discharge, 27 (24%) stated they were on continuation phase, and 77 (69%) were unable to recall which phase of treatment they were on.

Table 14

Number of patients in same hospital room	
1	2 (1.8%)
2-4	54 (48%)
5-7	43 (38%)
> 8	13 (12%)

4.4.2. Infection control

Patient isolation

Patients were not surveyed regarding separation from other patients based on their sputum status or type of TB, as it is unlikely they would know such information; however, they were asked about the number of other TB patients in the same room (**Table 14**). Only 2% of hospitalized patients

were in private rooms and 50% shared a room with 5 or more people.

Use of patient masks for infection control

Only one patient noted that he was given a mask to wear during part of the hospitalization.

4.4.3. Facility and services

Table 15 shows patients' assessment of the condition of the hospital and hospital services. Overall, patients seem moderately satisfied with the condition of their hospital room and food (93% and 86% rate these as fair or better, respectively). Only 40% stated that hot water was available and 38% did not have access to shower/bath facilities.

4.4.4. Provider-patient relationships and patient education

The majority of patients are satisfied with the quality of their interaction with doctors and nurses, as reflected by their assessment of the "attitude" of medical personnel and quality of patient education. Eighty-four percent of patients rated the attitude of doctors as "good" or "excellent" and 96% rated nurses' attitudes correspondingly high (**Table 16**).

Patients rate the adequacy of TB education as quite high, with ninety-two percent stating that they received enough information on TB while in the hospital.

4.4.5. Treatment

Frequency of TB medication dosing and adherence

Almost all patients took their TB medications once daily and very few (3%) missed any doses. No patient missed more than 5 days of treatment while in the hospital. Of those who skipped doses, the majority cited side-effects as the reason. One patient stated he simply forgot to take the medication.

4.4.6. Treatment of coexisting conditions

Out of 112 respondents, 42 (37.5%) stated they had coexisting chronic medical conditions. Of these, 32 (76%) received medical services for these conditions. Services consisted either of consultation by narrow specialists (11/32, 34%) or provision of medication for the specific illness (13/32, 41%). Of those who received additional medications for coexisting illnesses, 7 (54%) were required to pay for part or all of the medication cost.

4.4.7. Out-of-pocket expenditures

Of 112 hospitalized patients, 95 responded to survey questions regarding out-of-pocket (OOP) expenses connected with inpatient treatment of TB (overall response rate 85%). Response rates were particularly low in facilities B and E (50 and 60%, respectively), 93% in facility D and 100% in facilities A, C, and F (**Table 17**).

Seventy-nine (83%) respondents paid for food during inpatient treatment, with 60% spending over \$110 and 38% spending over \$220 (**Figure 1**).

Table 15

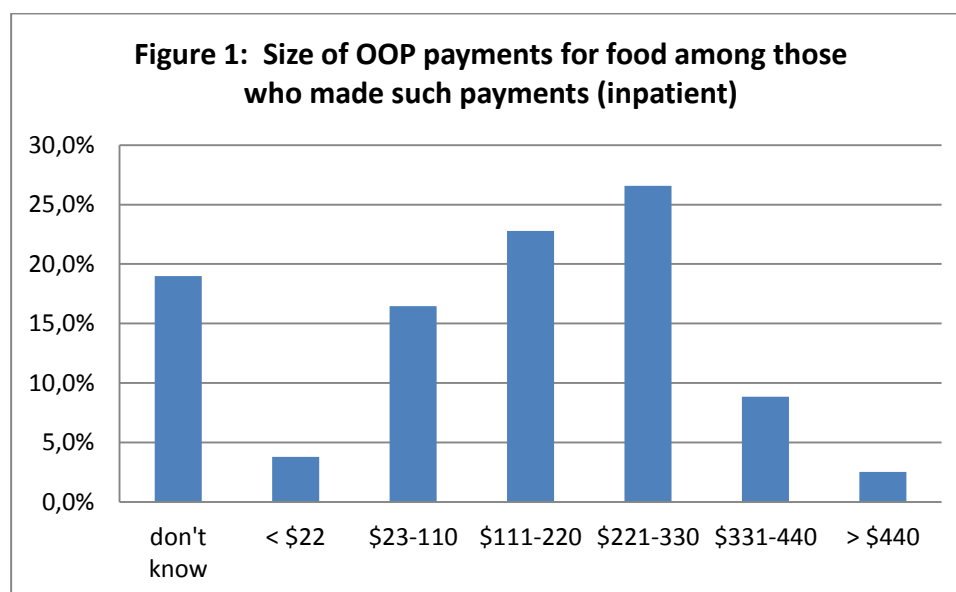
Hospital Services	
Essential services	
Cold & hot water	45 (40%)
Cold water only	65 (58%)
Shower/bath	69 (62%)
Indoor toilet	102 (91%)
Room condition	
Excellent	16 (14%)
Good	65 (58%)
Fair	24 (21%)
Poor	6 (5.4%)
Terrible	1 (0.9%)
Food quality	
Excellent	4 (3.6%)
Good	53 (47%)
Fair	40 (36%)
Poor	12 (11%)
Terrible	3 (2.7%)

Table 16

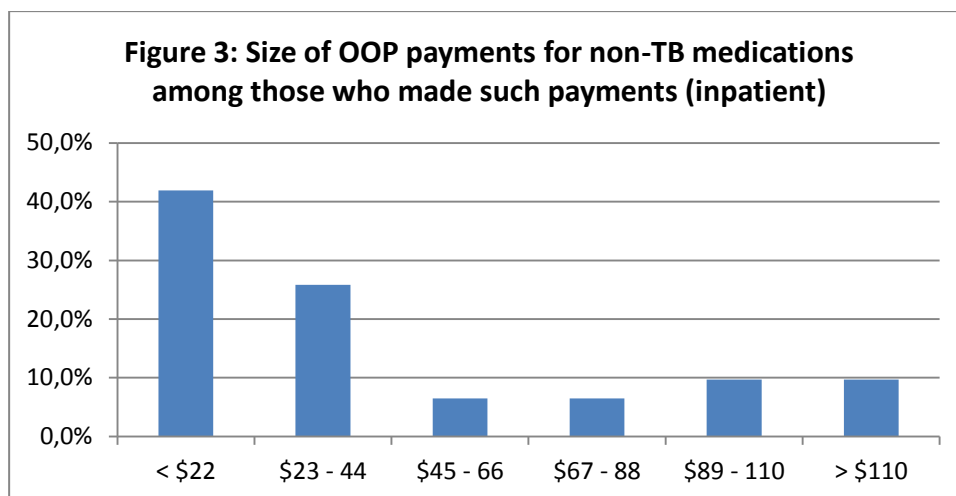
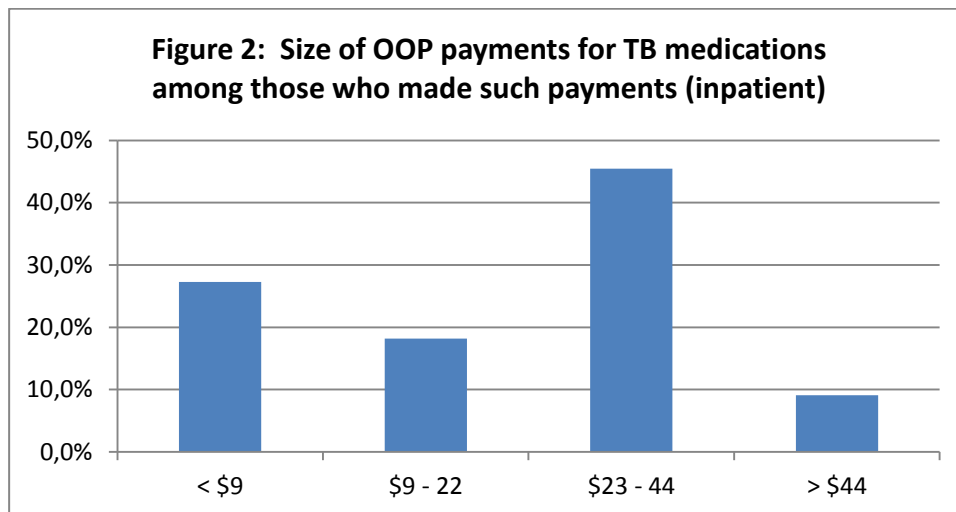
Provider Attitudes	
Doctors	
Excellent	39 (35%)
Good	55 (49%)
Satisfactory	14 (13%)
Poor	4 (3.6%)
Nurses	
Excellent	33 (29%)
Good	75 (67%)
Fair	4 (3.6%)

Table 17: Percent of patients paying out-of-pocket expenses during inpatient treatment, by type

Expense type	Facility						
	All (n=95)	A (n=13)	B (n=9)	C (n=25)	D (n=13)	E (n=10)	F (n=25)
Additional food	83%	54%	78%	100%	54%	80%	100%
Other expenses	39%	23%	22%	32%	46%	10%	68%
Non-TB medications	33%	62%	44%	0	54%	30%	36%
X-ray studies	19%	23%	11%	16%	23%	30%	16%
Payments to treating physician	13%	0	11%	0	0	20%	36%
TB medications	12%	23%	11%	8.0%	0	20%	12%
Payments to nurse	7.4%	0	0	0	0	0	28%
Other procedures/studies	6.3%	0	11%	4.0%	7.7%	0	12%
Payments to other physicians	2.1%	0	0	0	0	10%	4.0%
Sputum microscopy	1.1%	0	0	0	0	0	4.0%

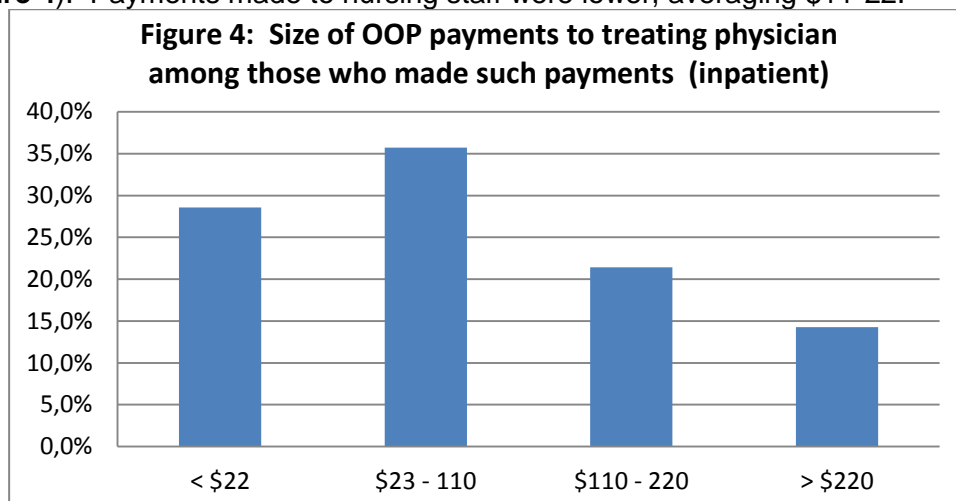


Eleven patients (12% of respondents) paid for TB drugs, an expense encountered by patients in five of the six inpatient facilities with up to 23% of respondents from a given facility paying for TB drugs. Expenditures ranged from under \$9 to over \$44, with over half of those making payments for TB drugs spending more than \$22 (**Figure 2**). Among the 31 respondents (33%) who paid for non-TB medications during hospitalization, most (42%) spent under \$22; however, 6 (20%) spent over \$88 (**Figure 3**).



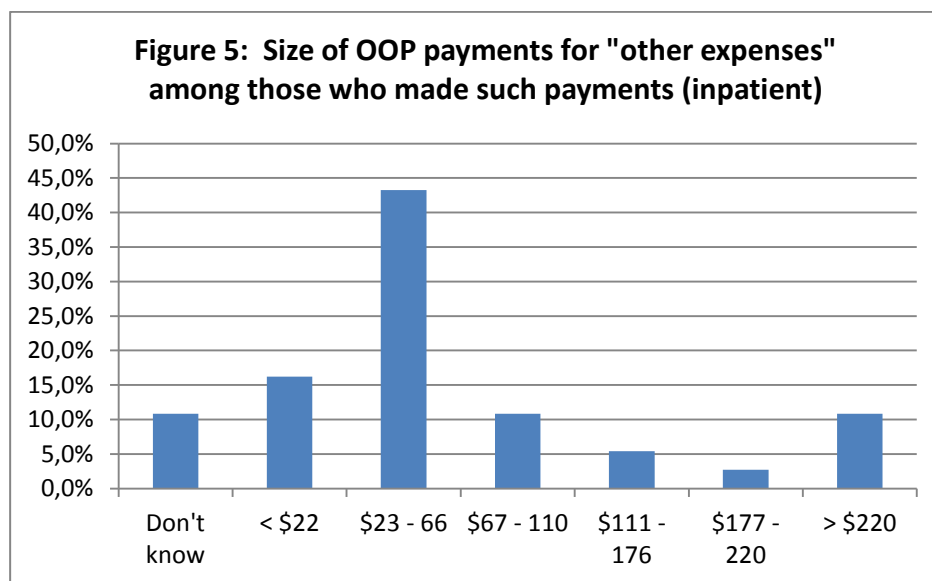
Eighteen patients (19% of respondents) paid for chest X-rays, with most paying \$1-6.60 per study.

Twelve respondents (13%) from three facilities reported making direct payments to their treating physician and 7 (7%) patients paid nursing staff, all of whom were treated in one facility. The range of payments made to treating physicians was wide, with two patients reporting paying over \$440 (**Figure 4**). Payments made to nursing staff were lower, averaging \$11-22.



Thirty-seven (39%) respondents encountered other expenses while hospitalized, including transportation, personal hygiene products, and clothing. Most spent between \$22-66, but 30% spent over \$66 and four patients (11%) spent over \$220 (**Figure 5**).

Of the 112 hospitalized patients, only 4 (3.6%) received any type of social support package while under inpatient treatment. Three patients received food packages and one was provided with syringes.



4.5. Ambulatory care

4.5.1. Initiation of ambulatory treatment

Eight percent of patients began treatment through an outpatient facility the same day they were discharged and an additional 81% within 2 days. Nine percent noted delays between 3 and 7 days after being discharged and only 1.8% noted a delay exceeding one week (**Table 18**). Of those who delayed follow-up at outpatient clinics by three days or more, 38% stated they were given more than a two-day supply of TB medications by the hospital, suggesting that there may have been no gap in actual treatment, and two patients noted difficulty traveling to the outpatient facility.

Table 18

Time from hospital discharge to start of treatment at ambulatory facility	
Same day	9 (8.0%)
1-2 days	91 (81%)
3-7 days	10 (8.9%)
> 7 days	2 (1.8%)

4.5.2. Length of treatment

The majority (43%) of patients continued treatment for 3-4 months at the ambulatory level, but 24% completed treatment after only 1-2 months, suggesting they received a significant portion of the continuation phase of treatment in the hospital. Fifteen percent of patients remained on treatment for 5-6 months and 18% for over 6 months at the ambulatory level.

4.5.3. Access to treatment facility

Patients were surveyed regarding the means of transportation used to reach the health facility where they received TB medications by DOT (**Table 19**). Over half the respondents walked to

the DOT facility, while 18% used public transport and 16% traveled by taxi. Overall, one-half of patients spent 10-30 minutes and one-fourth spent 30-60 minutes traveling to the treatment facility and back home. Thirteen percent spent less than 10 minutes on daily travel; 7% spent over 60 minutes. Notably, twenty-one percent of patients using public transport spend over 60 minutes traveling to/from the health facility.

Table 19		Average Time to Facility			
Transport type	Frequency	<10 min	10-30 min	30-60 min	>60 min
By foot	78 (58%)	17%	56%	26%	1%
Private car	11 (8.2%)	18%	64%	9%	9%
Taxi	21 (16%)	5%	52%	29%	14%
Public transport	24 (18%)	8%	42%	29%	21%
TOTAL, by time spent		13%	54%	25%	7%

Table 20 shows the costs associated with transport to ambulatory treatment facilities. Most patients (63%) do not indicate any associated expenditures; however, by the answers it is clear that patients with their own vehicle did not consider the cost of fuel or maintenance. Interestingly, 53% of patients using public transport spend over \$0.66 to reach their treatment facility. For patients on intermittent therapy, this would amount to at least \$8.30 per month; for those on daily therapy, expenditures on transport would exceed \$17 per month.

Table 20

Costs associated with travel to health facility (in som)						
Transport type	No cost n (%)	1-30 n (%)	30-50 n (%)	50-70 n (%)	70-100 n (%)	>100 n (%)
By foot	77 (99%)	1 (1.3%)	0	0	0	0
Private car	6 (54%)	0	3 (27%)	0	1 (9.1%)	1 (9.1%)
Taxi	1 (4.8%)	2 (10%)	4 (19%)	7 (33%)	2 (10%)	5 (24%)
Public transport	1 (4.2%)	10 (42%)	6 (25%)	3 (12%)	1 (4.2%)	3 (12%)
%, by expenditure	63%	10%	10%	7%	3%	7%

4.5.4. Treatment regimens, DOT, and adherence

Almost all (99%) of patients took their TB medications once daily; only 2 patients took them twice daily. Ninety-six patients (72%) were treated three times weekly (intermittent regimen), 33 (25%) daily, and 5 (4%) twice weekly. All patients received their medication at the ambulatory health center.

Table 21

Direct observed therapy				
	Taken under direct observation			
Tablets/day	Always	Sometimes	Never	TOTAL
1	3	0	0	3 (2%)
2-4	77	13	4	94 (70%)
5-7	19	2	3	24 (18%)
8-10	12	0	2	14 (10%)
TOTAL	111 (82%)	15 (11%)	9 (7%)	135 (100%)

Table 21 shows the total number of tablets taken per day by patients and how often patients took their TB medications under direct observation by a healthcare worker. A high percent (82%) of patients stated that they always took their medication under direct observation.

Eight-two percent of patients stated that they were occasionally given TB medications at the healthcare facility to take home, which seems to contradict the response of 82% of patients stating that they always take their TB medication under observation of a healthcare worker.

Only 46 patients responded to a question about adherence to treatment. Of those who responded, 38 (83%) stated that they never missed a day of therapy and 8 (17%) stated they missed 5 days or less.

4.5.5. Facilities, provider-patient relationships, and patient education

Table 22 summarizes patients' satisfaction with ambulatory health facilities and healthcare workers. Overall, patients' responses indicate high levels of satisfaction, with 89% of respondents rating the ambulatory facility as "good" or "excellent," and 97% rating the attitude of their treating physician and nurses as "good" or "excellent." Ninety-six percent of patients stated that they were given information about tuberculosis at the ambulatory health facility.

4.5.6. Out-of-pocket expenditures

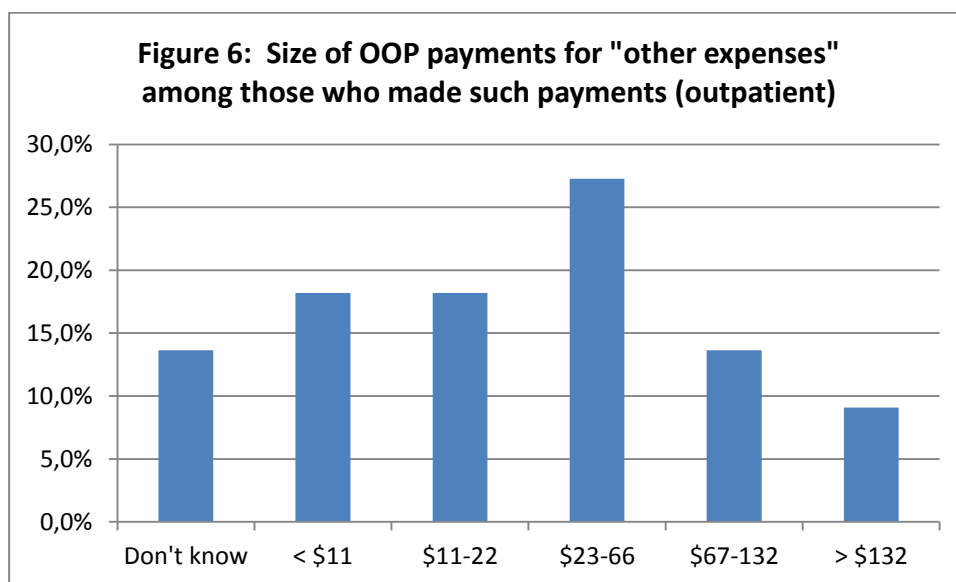
All surveyed patients (n=135) replied to the questions about OOP expenditures during outpatient treatment (**Table 23**). Overall, fewer patients paid for services during outpatient treatment than while hospitalized. Twenty-six (19%) made payments for chest X-ray, averaging 50-100 KGS per study. Six respondents (4%), all of whom were from one rayon, paid for sputum microscopy. Twenty-two respondents (16%) paid for "other expenses," which included transportation costs, ranging from under 500 KGS to over 6000 KGS (**Figure 6**). Less than one percent of outpatients paid for TB medications or made payments to medical personnel for TB services.

Table 22

Patient Satisfaction	
Ambulatory facility	
Excellent	47 (35%)
Good	73 (54%)
Satisfactory	14 (10%)
Poor	0
Terrible	1 (0.7%)
Doctors	
Excellent	49 (36%)
Good	83 (61%)
Satisfactory	3 (2.2%)
Nurses	
Excellent	45 (33%)
Good	86 (64%)
Fair	4 (3.0%)

Table 23: Out-of-pocket expenses during outpatient treatment

Expense type	Rayon						
	All (n=135)	A (n=25)	B (n=15)	C (n=25)	D (n=25)	E (n=20)	F (n=25)
X-ray studies	19%	48%	13%	4.0%	4.0%	35%	12%
Other expenses	16%	28%	0	8.0%	36%	0	16%
Sputum microscopy	4.4%	24%	0	0	0	0	0
TB medications	0.7%	4.0%	0	0	0	0	0
Payments to treating physician	0.7%	0	0	0	0	0	4.0%
Payments to nurse	0.7%	0	6.7%	0	0	0	0



4.5.7. Patient support

The vast majority (88%) of respondents stated they received food packages during their ambulatory stage of care; one person received cash. When asked about their preferences, 30% of patients expressed a preference for cash transfers as support while 60% preferred food packets (**Table 24**).

Table 24

Provision of social support packages		
Support type	Received	Prefer
Food packets	118 (88%)	81 (60%)
Cash	1 (0.7%)	41 (30%)

4.6. Financial impact of TB treatment

Patients were asked about the impact of expenditures related to TB treatment on their overall financial status (**Table 25**). Overall, 20% of patients noted a significant impact of TB treatment on their financial situation; whereas 40% noted a modest impact and an equal number (41%) categorized the financial impact as negligible. Further analysis by employment subgroups reveals that those most likely to report a significant financial impact of TB treatment are private sector employees (36%), farmers (25%), homemakers (23%), and public employees (22%). These relative impacts should be interpreted with caution, however, due to the relatively broad distribution of respondents among subgroups, leading to small sample sizes for each category.

Table 25

Financial impact of TB treatment on patient or family								
Impact	Unemployed n (%)	Retired n (%)	Student n (%)	Home- maker n (%)	Public employee n (%)	Private sector n (%)	Farmer n (%)	TOTAL
Negligible	22 (42%)	6 (35%)	2 (40%)	9 (41%)	4 (44%)	5 (46%)	4 (33%)	52 (41%)
Modest	21 (40%)	9 (53%)	3 (60%)	8 (36%)	3 (33%)	2 (18%)	5 (42%)	51 (40%)
Significant	9 (17%)	2 (12%)	0	5 (23%)	2 (22%)	4 (36%)	3 (25%)	25 (20%)

4.7. Treatment adherence

Table 26 summarizes patients' perspectives on what is needed for them to successfully complete the prescribed course of treatment for TB (patients could list more than one factor). A large

Table 26

What would help you to complete treatment?	
Good quality diet	80 (59%)
Support from family	61 (45%)
Social support (incentive)	36 (27%)
Know that TB is curable	33 (24%)
Nothing needed	31 (23%)
Support from community	14 (10%)
Improved relationship with healthcare workers	13 (10%)

percentage (59%) of patients stated that a good quality diet was essential. Twenty-four percent of patients stated that “knowledge that TB is curable” would impact their ability to complete treatment and 10% stated that “improved relationship with healthcare workers” would improve their likelihood of completing treatment—two factors directly impacted by healthcare workers.

4.8. Fears, stigma and discrimination

Main fears at time of diagnosis

The most prevalent concern which appeared among respondents at the time of diagnosis was the fear of infecting family members with tuberculosis (**Table 27**) which was of particular concern to homemakers (82%). Other commonly cited concerns were: belief that the disease could not be cured, fear of dying, and fear of prolonged and difficult treatment. Only 13% of patients stated they had no concerns when diagnosed with TB. Five of twenty unmarried respondents (25%) expressed concern that the diagnosis of TB would prevent them from getting married.

Table 27

Concerns at time of diagnosis							
Type of fear/concern	Age						All
	18-29 (n=36)	30-39 (n=35)	40-49 (n=25)	50-59 (n=24)	60-69 (n=9)	70+ (n=6)	
Might infect family members	21 (58%)	30 (86%)	25 (100%)	14 (58%)	6 (67%)	3 (50%)	99 (73%)
Cannot be cured	16 (44%)	17 (49%)	12 (48%)	11 (46%)	2 (22%)	1 (17%)	59 (44%)
Fear of dying	14 (39%)	16 (46%)	10 (40%)	6 (25%)	4 (44%)	0	50 (37%)
Prolonged and difficult treatment	13 (36%)	10 (29%)	11 (44%)	7 (29%)	3 (33%)	2 (33%)	46 (34%)
Might lose job	5 (14%)	11 (31%)	7 (28%)	2 (8.3%)	0	0	25 (19%)
Might be isolated	5 (14%)	5 (14%)	3 (12%)	1 (4.2%)	1 (11%)	1 (17%)	16 (12%)
Costs associated with treatment	1 (2.8%)	4 (11%)	4 (16%)	4 (17%)	1 (11%)	1 (17%)	15 (11%)
Won't be able to get married	4 (11%)	3 (8.6%)	0	0	0	0	7 (5%)
No concerns	6 (17%)	1 (2.8%)	1 (4.0%)	5 (21%)	1 (11%)	3 (50%)	17 (13%)
Average number of concerns	2.4	2.8	2.9	2.1	2.0	1.8	2.47

Fear of revealing TB status

Twenty-five percent of all respondents stated that they hid their diagnosis of tuberculosis from others. This tendency was highest among unmarried respondents (45%), and students (60%). Of those who hid their status (n=34), most cited fear of isolation as the primary reason (82%); fewer cited the concern of losing work (15%) or the view that TB is a disease of poor/homeless/alcoholics (6%). The vast majority of these patients (91%) hid their diagnosis

from neighbors, colleagues, and the general public, while fewer (68%) hid their diagnosis from friends and very few (12%) from family members. A small percentage (9%) of respondents admitted to spending money (range 400 to 10,000 KGS or \$10-200 USD) over the course of their illness in order to hide their status from others (e.g., travel to a health facility in a neighboring district).

Isolation and discrimination

Twenty-three percent of respondents said they were isolated in some way from their families because of their illness. Five percent felt discriminated against by family members, neighbors, friends, or healthcare workers and 6% responded that someone from their family stopped communicating with them because of their illness.

Disruption of work, school, and social life

Twenty-eight percent of respondents stopped working or attending an educational institution because of their illness, but of these, 92% said this was their own decision. One-half of patients responded that they did not attend usual social events (weddings, funerals, parties, night clubs) after being diagnosed with TB, but the vast majority (85%) site their own choosing as the reason for not attending.

5. Discussion

5.1. Patient awareness of TB

The low level of awareness of TB symptoms among patients prior to diagnosis and the perception of TB as a chronic, untreatable disease suggest a need for public health campaigns so that people with TB symptoms seek care in a timely manner and without fear; indeed, 38% waited over two weeks to seek care and almost one in five respondents waited longer than a month. Providers appear to be educating patients on important themes such as disease transmission and the importance of drug adherence; however, the replies of almost 90% of patients suggest that the quality of education needs strengthening, as they cited a need for more information on *how* to prevent disease transmission and the *consequences* of treatment interruption.

5.2. Detection, diagnosis, and treatment initiation

The majority of respondents first sought care in a general health facility, underscoring the importance of PHC providers in the early detection of TB. There was surprising variation between rayons, however, with relatively high numbers bypassing PHC facilities in some rayons. Even more concerning is that among 50 interviewed patients from the two rayons of Jalalabad oblast, only one was diagnosed with TB at the PHC level, whereas approximately 30% of patients from rayons in Issyk-Kul Oblast and 70% of those from rayons in Chui Oblast were diagnosed by PHC providers. Informal communication with the Family Group Practice and Nurses Association which has been actively involved with TB monitoring at the PHC level confirms this finding: PHC providers in Jalalabad Oblast were commonly referring TB suspects to the TB hospital or dispensary without conducting an exam or diagnostic testing. Higher performance of PHC facilities in some rayons demonstrates what can be achieved and suggest that attention should be given to management and coordination of TB services at the PHC level in underperforming rayons.

The finding that 51% of respondents had first contact with a PHC facility but only 35% received their diagnosis by a PHC provider may be explained by the observation of an opposite trend with TB dispensaries: 20% of patients received their diagnosis, but only 1% sought care for initial symptoms at a TB dispensary. It is possible that respondents equated “TB offices” (“kabineti” in Russian) situated within Family Medicine Centers with TB dispensaries as it is common practice for FGP doctors to refer patients to the district FMC for diagnostic testing where follow-up of all

patients with positive results is provided by the TB specialist. A surprisingly high number (23%) of patients were diagnosed with TB in general profile hospitals, suggesting a need to ensure that general hospitals maintain a high level of vigilance for TB and implement infection control measures to prevent in-hospital TB transmission. In light of WHO recommendations to avoid hospitalization of people with presumptive TB for diagnostic testing, it is concerning that almost one in five patients received their diagnosis in TB hospitals.

The finding that 79% of patients were seen in three or four facilities before being diagnosed with TB suggests an inappropriate model of care that is not patient-centered. However, given that the current diagnostic algorithm requires sputum microscopy and chest radiography for TB suspects and that these studies are performed only in rayon and oblast FMCs, it is expected that patients enrolled to FGPs outside FMCs would require visits to two facilities to be diagnosed.

5.3. Patient-side diagnostic delays

A surprisingly high proportion of patients (53%) sought medical care within two weeks of the onset of symptoms, yet 38% waited longer, confirming the need for public health campaigns directed at improving symptom awareness and emphasizing the treatable nature of tuberculosis. Unfortunately, the final survey instrument did not include questions to assess delays in the diagnostic process and this remains an important area for future study. Once the diagnosis of TB is made, the current system works quite well to quickly initiate treatment. Among those who noted delays in starting treatment, distance to the treatment facility and lack of funds were cited as reasons, consistent with study findings that around 40% of respondents lived over 30 km from the nearest TB hospital and an equal number spent over 300 som on travel to the hospital. Current laws obligate local governmental administrations to cover patients' costs of travel for TB treatment (generally, this is understood to mean only once to and from the hospital for in-patient treatment), but the findings of this study suggest this law is not widely implemented.

5.4. Patient preferences regarding hospitalization versus ambulatory treatment

At the time this study was conducted, policy-level discussions on the need to move toward full ambulatory care of drug-sensitive TB were just beginning and there had been no population campaigns to explain or promote an outpatient model of care. Given that mandatory hospitalization for TB treatment had been the standard of care in the region for decades, it is not surprising that 35% of respondents stated a preference to be treated in the hospital. In light of this, it is somewhat surprising that seventeen percent of respondents received their entire course of treatment as outpatients (all from Chui Oblast) and 60% stated a preference for ambulatory care, with over half of these preferring to be treated at home. The finding that a majority of patients expressed a preference to take their medication under the supervision of a healthcare worker rather than a family member or acquaintance may be related to engrained beliefs that only healthcare providers should supervise drug therapy, but could also be related to stigma and a preference to hide their diagnosis from others.

The presence of many children in the home of TB patients is often cited as a reason to mandate hospitalization, but the finding that only 7% of respondents had more than three children in their house suggests that, in fact, this may not be a barrier for the majority of patients. The importance of teaching patients about TB transmission and home-level infection control measures is underscored by the finding that two-thirds of respondents came from homes with four or more people.

5.5. Hospital care

Consistent with studies of hospital records, the typical length of hospital stay based on patient recall was between one and four months, with 37% of patients staying longer than 2 months. One-half of respondents shared a hospital room with five or more patients—a very concerning

statistic regarding the risk of nosocomial spread of MDR TB given high hospitalization rates, long average length of stays, and recent monitoring reports by both local and international consultants which indicate that hospitalized patients are not adequately grouped according to status of sputum microscopy or drug sensitivity. Only one patient noted that he was given a mask to wear during any part of the hospitalization.

In general, patients seem satisfied with the condition of inpatient facilities, services, attitudes of healthcare workers, and adequacy of TB education. Very few patients (3%) missed doses of TB medication during their inpatient stays.

TB treatment should be free under current regulations, so the finding that substantial numbers of patients faced out-of-pocket expenses for routine tests and TB drugs is concerning. Some patients paid for TB drugs in five of the six surveyed facilities, with more than half of these spending over \$22. One-third of respondents paid for non-TB medications, with a third of these paying over \$50. Given the frequency and burden of these OOP expenditures, attention should be given to ensuring that standard TB regimens are prescribed and that only evidence-based medications are prescribed for other purposes, including prednisolone, vitamins, and so-called hepatoprotectors.

Some patients in each of three facilities made cash payments to their treating physician, reaching 36% in one facility. In that same facility, 28% of patients made payments to nursing staff. Informal payments to healthcare workers are not rare in Kyrgyz Republic and are likely related to low salaries of publicly employed providers; however, given the importance of promoting full treatment adherence and minimizing any potential barriers to treatment, this is a concerning finding. Further, the low response rate of patients from two facilities to questions about out-of-pocket expenditures during inpatient treatment raises the possibility that true expenditures are, on the average, significantly higher, as non-responders may have faced substantial costs they were not willing to admit. Response rates to almost all other questions, including out-of-pocket expenditures at the ambulatory level were close to 100%.

The provision of food is often cited as a reason for hospitalizing impoverished patients in preference to ambulatory care; however, the high percent of patients making substantial out-of-pocket expenditures for additional food during inpatient treatment leads one to question whether sustenance costs are significantly lower for hospitalized patients compared to those treated fully ambulatory. The level of hospital funds allocated for food may need to be raised considerably to remove this as a source of out-of-pocket expenditures for patients—a potential barrier to treatment for patients who require prolonged hospitalization.

The sometimes substantial “other costs” faced by hospitalizations is also concerning. It is not entirely clear why patients report transportation costs while hospitalized, but the practice of patients traveling back and forth between home and the hospital while officially hospitalized has been observed.

5.6. Ambulatory Care

There appears to be good coordination of care between hospitals and PHC facilities at the time of hospital discharge, with 91% of patients receiving outpatient follow-up within 2 days.

At the time of the study, intermittent therapy during the continuation phase of treatment was standard and 72% of surveyed patients followed this regimen. All respondents received their drugs at a health facility and the vast majority (82%) responded that they always took their medication under observation of a healthcare worker. It is concerning that an equal number of patients (82%) stated they were occasionally given TB medications to take home, although the survey did not attempt to assess the frequency of this practice and it is possible that drugs are given “in hand” only during extenuating circumstances, such as holidays. The low response rate to the question about treatment adherence (number of days of therapy missed), leaves open the question of DOT effectiveness as currently organized.

Approximately one-third of patients spent more than 30 minutes traveling to and from the DOT facility to take their TB drugs. For those on daily therapy (now the standard of care for continuation phase), this adds up to a substantial amount of time spent traveling each week. Travel costs, however, were not particularly high overall, with over half of patients walking to the facility.

Similar to results of inpatient treatment, patients are, on average, satisfied with the health care facility and the attitudes of doctors and nurses. Almost all patients were given information on TB at the ambulatory level. The tendency of survey respondents to overrate their satisfaction with healthcare providers while under treatment may mask problems with the patient-doctor relationship as a barrier to treatment adherence.

Fewer patients faced OOP expenditures during ambulatory care in comparison with inpatient care, but some still paid for services that should be provided at no cost, such as chest radiographs and sputum microscopy (one rayon only). As during inpatient treatment, a number of patients faced significant transportation costs. In contrast to inpatient treatment, very few patients paid for TB drugs or made informal payments to healthcare workers during ambulatory treatment.

5.7. Treatment adherence

Patients' responses regarding treatment adherence suggest that more emphasis should be placed on the quality of patient education, particularly in regard to the curable nature of TB, and on improving the patient-doctor relationship. The number of respondents who replied that a high-quality diet is needed to improve adherence may reflect a common component of provider-directed counseling of patients on TB in Kyrgyz Republic, where diet is often emphasized as an important factor for cure. As the quality of diet should not impact a patient's ability to adhere to the prescribed treatment regimen, it may be that patients understood the question to mean "to be cured" rather than what would help them adhere to treatment. This also suggests that attention should be given to educating clinicians about the role of nutrition during treatment.

5.8. Financial impact of TB treatment

A majority of respondents noted a modest to significant impact of costs associated with TB treatment on their overall financial situation. Only four patients received social support packages while hospitalized, while 118 received food packets during the ambulatory stage of treatment. Thirty percent responded that they would prefer cash transfers over food packets. Given the findings that most OOP expenditures are related to costs that are inappropriate (TB drugs, informal payments to providers, food while hospitalized) or "other" items such as transportation and personal hygiene, it may be that current social support in the form of food packets does not correspond well to patient needs and fails to reduce the overall financial burden of the disease.

5.9. Fears, stigma and discrimination

A significant proportion of patients with tuberculosis are from socially disadvantaged and vulnerable population groups. In Kyrgyz Republic, a great deal of stigma persists regarding tuberculosis and people are not adequately informed about the disease. One of the key aspects of this study was to define the existence of stigma and discrimination toward patients with TB which may be associated with additional financial expenditures connected with a desire to hide one's illness.

It is not surprising that most patients face a number of fears associated with being diagnosed with TB, including fear of infecting family members, fear of dying or living with an incurable disease, and fear of difficult treatment. Some fears, however, are associated with commonly held but

incorrect beliefs about the disease, such as its effect on fertility which leads to fears of being shunned as a potential spouse (11% of younger respondents cited this fear). Other fears (loss of work, prolonged/difficult treatment, costs) may be related to outdated policies such as mandatory lengthy hospitalizations and restrictions on returning to work which, in turn, are based on healthcare workers' beliefs about long periods of infectivity while on treatment that are not supported by recent studies.

Many patients with TB continue to hide their diagnosis from neighbors, colleagues and friends based on fear of isolation, losing work, and stigma. Far fewer (12%) hide their diagnosis from family members. In most cases, attempts to hide their diagnosis from others are not associated with significant expenses.

Twenty-six percent of patients quit their job or stopped studying on their own accord but a much higher number (55%) did not work or study for more than four months (30% for over six months). This is an interesting finding, inasmuch as only 44 respondents (33%) identified themselves as employed or studying, with the remainder being retired, unemployed, or homemakers. One-half of patients chose to avoid social gatherings after being diagnosed with TB. A relatively high number of patients (23%) admitted to being isolated in some way from their families, but only a small percent felt discriminated against by family, neighbors, friends, or medical personnel.

6. Survey limitations

As survey respondents were selected from TB treatment forms of patients currently on continuation phase therapy, the study may not adequately represent the experience of patients who defaulted from therapy who may have faced more difficulties with out-of-pocket expenditures, poor patient-provider relationships, and other barriers to adherence. Future studies should include representative numbers of patients who default from either the intensive or continuation phase of treatment. An alternative would be to use the same instrument to survey those who have defaulted from treatment and compare results with the findings of this study.

It should be noted that study findings related to stigma and discrimination may be influenced by subject bias, inasmuch as only patients already diagnosed and treated within the healthcare system were surveyed and may not adequately represent those who seek treatment in private facilities or self-treat with TB drugs (available without prescription in local pharmacies) to avoid any risk of exposure connected with treatment in a public health facility.

Finally, the study was not powered to detect significant differences in patient responses between individual rayons. For this reason, sizeable inter-rayon differences noted in this report should be confirmed by an appropriately powered survey.

Appendix 1: Survey Instrument

Определения потребностей больных туберкулезом и их удовлетворенность предоставляемой медицинской помощью в Кыргызстане

Заполняется интервьюером Часть 1. Общая характеристика пациентов

Вопрос		Ответы-Коды Интервьюер: подходящий ответ обведите	
1.1	Ваш пол?	1. Мужской	2. Женский
1.2	Сколько лет вам исполнилось в последний день рождения?	Впишите количество полных лет _____	

Идентификационный номер пациента							
(1) Область, (2) Район	(1)						(2)
Характеристика населенного пункта	Город		2. Село				
Диагноз пациента (из ТБ 01 форма) и тип туберкулеза: при постановке диагноза и в момент проведения интервью	Диагноз _____ Тип туберкулеза _____ <i>при постановке диагноза</i>						
	Диагноз _____ Тип туберкулеза _____ <i>в момент интервью</i>						
Фаза лечения	Интенсивная				Поддерживающая		
Язык, на котором проводилось интервью	русский кыргызский				казахский таджикский узбекский		
Дата проведения интервью:	Число/месяц/год _____						
Имя интервьюера:							
ИНТЕРВЬЮЕР: Узнайте у респондента, желает ли он/она назвать свое имя? Если Да, то впишите имя респондента							
1.3	Каков Ваш семейный статус?			1. Не женат / Не замужем 2. Замужем, женат/ совместное проживание		3. Вдова (вдовец) 4. Разведен (а)	
1.4	Ваше образование?			1. Без образования 2. Начальное образование		5. Высшее 6. Незаконченное высшее образование	

		3. Среднее образование 4. Среднее специальное	
1.5	Каков Ваш социальный статус?	1. Безработный 2. Пенсионер 3. Студент 4. Домохозяйка 5. Гос. служащий 6. Работник в частном секторе	7. Обслуживающий свое собственное предприятие, фермер 8. Обслуживающий свое собственное предприятие, другое 9. Трудовой мигрант за пределами своей страны 10. Другое _____
1.6	Сколько человек проживают вместе с Вами за последние 12 месяцев? <i>[Интервьюер: если респондент проживал один, записывайте 0]</i>	Всего _____ Из них детей от 0 до 14 лет _____	
1.7	Можете назвать основной источник Вашего (ежемесячного, годового) дохода за последний год?	ежемесячная заработная плата доходы родственников (вкл. доходы от миграции) доходы, получаемые от собственного натурального хозяйства	пенсия, стипендия дополнительные доходы (уточнить) доход отсутствует Другое _____
1.8	Сколько дней (месяцев) Вы не работаете(ли)/учились по причине болезни за последний год?	1. _____ дней 2. _____ месяцев	
1.9	Был ли Вам выдан Лист по временной нетрудоспособности (больничный лист) на протяжении Вашего лечения?	1. Да	2. Нет

Часть 2. Выявление туберкулеза и информированность больных

Вопрос		Ответы-Коды	
		Интервьюер: подходящий ответ обведите	
Интервьюер: сейчас я хочу задать Вам вопросы, относительно того, как вы узнали, что вы больны туберкулезом и что рассказал Вам врач об этом заболевании			
2.1	На какой стадии лечения вы находитесь на данном этапе?	1. Интенсивная 2. Поддерживающая	88. Не знаю
2.2	Вы в первый раз болеете туберкулезом?	1. Да -----переходите к В.2.4 2. Нет	88. Не знаю
2.3	Сколько раз до этого вы переболели туберкулезом?	Впишите количество цифрами _____	88. Не знаю
2.4	Через какое время вы обратились за помощью, после того как вы почувствовали первые признаки болезни?	1. 1-7 дней (в течении недели) 2. Через 1-2 недели 3. Через 3-4 недели (около месяца)	4. Более месяца 5. Другое_____
2.5	Куда вы обратились за помощью/советом, когда у Вас появились первые признаки болезни?	1. ЦСМ/ГСВ/ФАП 2. Не туберкулезная больница (обычная больница) 3. Туберкулезный диспансер 4. Туберкулезная больница 5. Родственники	6. Знахарь/лекарь 7. Аптека 8. Соседи 9. Друзья 10. Не знал куда обратиться 11. Другое_____
2.6	Кто, или где, вам поставил диагноз туберкулез?	1. ЦСМ/ГСВ/ФАП 2. Не туберкулезная больница (обычная больница) 3. Туберкулезный диспансер	4. Туберкулезная больница 5. Знахарь/лекарь 6. Частная клиника 7. Другое_____
2.7	Как только Вам поставили диагноз туберкулез, через какое время Вы пришли в медучреждение?	1. Дней _____	2. Месяцев _____
2.8.	Сколько учреждений вам пришлось посетить, до того как Вам поставили диагноз туберкулез?	Впишите количество цифрами	88. Не помню
2.9	Через какое время Вы начали лечение, с того момента как Вам поставили диагноз туберкулез?	1. На следующий день – переход к В.2.11 2. 2-7 дней (неделя) 3. 1-2 недели	4. 3-4 недели 5. Через месяц 6. Другое _____
2.10	Почему Вы не начали лечение сразу же (т.е. в течение суток)?	1. Не было денег 2. Не было времени 3. Находился далеко от больницы 4. Я трудовой мигрант и мне нужно было	5. Боюсь врачей 6. Лечился дома 7. Не было места в больнице 8. Другие причины

		срочно уехать	
2.11	Как Вы думаете, где и как Вы могли заразиться туберкулезом?	1. В общественном месте 2. Осложнение после гриппа/простуды 3. Половым путем	4. Через кровь 5. Другое _____ 88. Не знаю
Интервьюер: сейчас я хочу задать Вам вопросы, относительно того, насколько Вы знаете о туберкулезе, о его лечении и откуда это вы знаете.			
2.12	Знали ли Вы ранее о признаках болезни туберкулеза, пока не заболели?	1. Да	2. Нет --- переходите к В.2.14
2.13	Откуда вы знали о признаках болезни туберкулеза?	1. Рассказывал врач ЦСМ/ГСВ/ФАП 2. От родственников, друзей, соседей 3. От другого больного туберкулезом	4. Из брошюр, стендов 5. Из Интернета 6. Другое _____
2.14	После того, как Вы узнали, что у Вас туберкулез рассказали ли Вам медработники о признаках болезни туберкулеза?	1. Да	2. Нет --- переходите к В.2.17
2.15	Кто Вам предоставил информацию об этом?	1. Врач/медсестра ЦСМ/ГСВ/ФАП 2. Врач/медсестра больницы	3. Врач/медсестра туб.диспансера/больницы 4. Другое _____
2.16	Как была предоставлена эта информация?	1. Брошюра/Листовка 2. Плакат/Стенд 3. Лекция или беседа о туберкулезе	4. Все выше перечисленное 5. Другое
2.17	Информировал ли Вас медработник о способах передачи/заражения туберкулезом?	1. Да	2. Нет --- переходите к В.2.19
2.18	Как была предоставлена эта информация?	1. Брошюра/Листовка 2. Плакат/Стенд 3. Лекция или беседа о туберкулезе	4. Все выше перечисленное 5. Другое _____
2.19	Знаете ли Вы о стадиях лечения туберкулеза?	1. Да	2. Нет
2.20	Знаете ли Вы о длительности лечения туберкулеза?	1. Да	2. Нет
2.21	Информировали ли Вас медработники о том, что нельзя прерывать лечение и регулярно пить лекарства?	1. Да	2. Нет --- переходите к В.2.23
2.22	Как была предоставлена эта информация?	1. Брошюра/Листовка 2. Плакат/Стенд 3. Лекция или беседа о туберкулезе	4. Все вышеперечисленное 5. Другое _____
2.23	Удовлетворены ли вы информацией, полученной от	1. Да --- переходите к В.2.25	2. Нет

	медработников о туберкулезе и его лечении?		
2.24	Почему Вы не удовлетворены информацией, полученной от медработников о туберкулезе и его лечении?	1. Слишком мало информации 2. Слишком научный/трудный язык, было непонятно	3. Мне дали брошюру/листовку без объяснений 4. Другое _____
2.25	Какую дополнительную информацию о туберкулезе и его лечении Вы бы хотели получить?	1. Никакую 2. О лечении 3. О лекарственных препаратах 4. О последствиях прерванного лечения	5. О предотвращении туберкулезе 6. Обо всем выше перечисленном 7. О том, что туберкулез излечим полностью 8. Другое _____
2.26	Как Вы бы хотели получить информацию о туберкулезе и его лечении? <i>(Интервьюер: возможно несколько вариантов ответа)</i>	1. Беседы с мед. работником 2. Брошюры, буклеты 3. ТВ/видео ролики	4. Радио 5. Другое _____
2.27	Предоставил ли Вам медработник возможность выбрать, где лечиться в больнице или поликлинике?	1. Да	2. Нет
2.28	Где бы Вы хотели лечиться?	1. Только в больнице 2. Сначала в больнице и потом в ЦСМ/ГСВ/ФАП	3. Только в ЦСМ/ГСВ/ФАП
2.29	Где Вы начали лечение изначально?	1. В больнице	2 В ЦСМ/ГСВ/ФАП -- <i>переходите к Разделу 4</i>

Вопрос		Ответы-Коды	
		Интервьюер: подходящий ответ обведите	
3.1 Информация от больного относительно лечения, которое было получено в больнице			
Интервьюер: Сейчас мне хотелось бы задать несколько общих вопросов о лечении, когда Вы лежали в больнице			
3.1.1	Когда Вас выписали из больницы? (если пациент не может ответить, то информация из ТБ01)	1. 1 месяц назад 2. 2 месяца назад	3. 3 месяца назад 4. более 4 месяцев назад
3.1.2	Сколько времени Вы лечились в больнице?	1. менее 1 месяца 2. 1 -2 месяца 3. 3 -4 месяцев	4. 5-6 месяцев 5. более 6 месяцев
3.1.3	На какой фазе Вы находились, когда Вас выписывали из больницы?	1. Интенсивная	2. Поддерживающая 88. Не знаю
3.1.4	Каково было расстояние от Вашего места проживания до больницы, где вы лежали?	От больницы _____ м/км	
3.1.5	Как Вы добрались до больницы?	1. Пешком-- переходите к подразделу 3.1.7 2. На собственной машине 3. На такси 4. На общественном транспорте	5. На маршрутном такси 6. На машине скорой помощи 7. Другое _____ 88. Не помню
3.1.6	Сколько денег Вы затратили, чтобы добраться до больницы?	Назовите сумму _____	
3.1.7	Сколько времени Вам потребовалось, чтобы доехать/дойти до больницы, где Вы лежали?	_____ минут/часов/дней	
3.1.8	Сколько времени/дней Вы ждали, чтобы лечь в эту больницу?	1. В тот же день, как пришел в больницу-- переходите к вопросу 3.1.10 2. 2-4 дня	3. 5-7 дней 4. Более 7 дней
3.1.9	Назовите причины, почему Вас не положили в больницу в тот же день, когда Вы приехали туда?	_____	
3.1.10	Получали ли Вы какую-либо социальную помощь во время лечения в больнице? (денежные средства, продукты, одежда и т.д.)	1. Да 2. Нет -- переходите к подразделу 3.2	
3.1.11	Перечислите, какую социальную помощь?	1. Денежные средства 2. Продукты питания	3. Одежда 4. Другое _____

3.1.12	<p>Кто давал Вам социальную помощь?</p> <p><i>(Интервьюер: возможно несколько вариантов ответа)</i></p>	<p>1. Местное самоуправление</p> <p>2. ЦСМ/ГСВ/ФАП</p> <p>3. Противотуберкулезная больница</p>	<p>4. Международные организации</p> <p>5. Другие _____</p> <p>6. Не знаю</p>
3.2 Информация о поводе проведенных диагностических мероприятий и принимаемых лекарствах			
Интервьюер: Теперь я хочу Вам задать вопросы об обследовании и принимаемых лекарствах, когда вы находились в больнице			
3.2.1	<p>Какие анализы Вы сдавали, и какие процедуры выполнены с момента вашего лечения в больнице?</p> <p><i>(Интервьюер: возможно несколько вариантов ответа)</i></p>	<p>1. Никакие</p> <p>2. Анализ крови</p> <p>3. Анализ мокроты</p> <p>4. Рентгеновский снимок</p>	<p>5. Исследование на ВИЧ/СПИД</p> <p>6. Другие _____</p> <p>88= не знаю/не помню</p>
3.2.2.	<p>Сколько раз Вам сделали анализ мокроты с начала лечения в больнице?</p>	<p>1. Впишите количество _____</p> <p>2. Не знаю</p>	
3.2.3	<p>Вспомните, когда Вы лежали в больнице, как часто вы принимали противотуберкулезные лекарства?</p> <p><i>[Интервьюер: Два варианта ответа – в день (1-3) и в неделю (4-7)]</i></p>	<p>1. Более чем дважды в день</p> <p>2. Дважды в день</p> <p>3. Один раз в день</p>	<p>4. Каждый день</p> <p>5. Трижды в неделю</p> <p>6. Два раза в неделю</p> <p>7. Один раз в неделю</p> <p>8. Другое _____</p>
3.2.4	<p>Где Вы получали противотуберкулезные лекарства, которые Вы принимали в больнице?</p>	<p>1. Покупал в аптеке</p> <p>2. Выдавали в больнице</p> <p>3. Покупал у медицинского персонала</p>	<p>4. Приносили родственники, друзья</p> <p>5. Другое _____</p> <p>88. Не знаю/Не помню</p>
3.2.5	<p>Когда Вы лежали в больнице, сколько дней Вы не принимали противотуберкулезные лекарства, которые Вам назначил врач?</p>	<p>1. Нисколько ----<i>переходите к подразделу 3.3</i></p> <p>2. 5 дней или меньше</p> <p>3. 6 – 10 дней</p> <p>4. 11 – 20 дней</p>	<p>5. 21 – 45 дней</p> <p>6. Более чем 45 дней</p> <p>88. Не знаю - <i>переходите к подразделу 3.3-</i></p>
3.2.6	<p>Почему Вы не принимали противотуберкулезные лекарства?</p> <p><i>[Интервьюер: несколько вариантов возможно отметить]</i></p>	<p>1. Мой врач не назначил мне лекарства</p> <p>2. Лекарства слишком дорогие – я не мог себе позволить такие расходы</p> <p>3. Лекарств не было в наличии/в аптеках или больницах</p> <p>4. Неприятные побочные действия</p> <p>5. Не знал, как правильно принимать лекарства</p>	<p>6. Врач назначил, но я думал, что мне не нужны лекарства</p> <p>7. Я чувствовал, что почти выздоровел, и нет необходимости в приеме лекарств</p> <p>8. В больнице отсутствовали врачи или медсестры</p> <p>9. Другие причины _____</p>

3.2.7	Во время когда Вы лежали в больнице мед. персонал выдал ли Вам маску?	1. Ни разу 2. Один раз за все время пребывания в больнице 3. Ежедневно	4. Несколько раз в день 88. Не помню
3.3. Лечение сопутствующих заболеваний у больных ТБ, когда они находились в больнице			
Интервьюер: Сейчас мне хотелось бы задать несколько вопросов о других заболеваниях, не туберкулез, которые у вас также имеются.			
3.3.1	Когда Вы лежали в больнице, были ли у Вас другие заболевания, кроме туберкулеза?	1. Да	2. Нет - <i>переходите к подразделу 3.4</i>
3.3.2	В больнице, где Вы лежали, получали ли Вы лечение по этому заболеванию?	1. Да	2. Нет-- <i>переходите к вопросу 3.3.6</i>
3.3.3	Какое именно лечение Вам проводили в этой больнице? <i>[Интервьюер: несколько вариантов ответа возможно отметить]</i>	1. Только консультация у специалиста 2. Выдавали лекарства полностью бесплатно 3. Выдавали лекарства частично бесплатно	4. Проводили обследование (УЗИ, анализы) 5. Другое _____
3.3.4	Как Вы оценили бы лечение данного сопутствующего заболевания?	1. Очень плохо 2. Плохо 3. Удовлетворительно	4. Хорошо 5. Очень хорошо
3.3.5	Объясните Ваш ответ. – <i>переходите к подразделу 3.4</i>	_____	
3.3.6	Нуждались ли Вы в лечении по данному сопутствующему заболеванию во время Вашего пребывания в этой больнице?	1. Да	2. Нет - <i>переходите к подразделу 3.4</i>
3.3.7	Почему Вас не лечили от этого сопутствующего заболевания? Объясните.	_____	
3.4 Удовлетворенность пациентов обслуживанием в больнице			
Интервьюер: Сейчас мне хотелось бы задать несколько вопросов относительно условий в больнице и отношения медицинского персонала к Вам			
3.4.1	Как Вы оценили бы состояние палаты, в которой Вы находились?	1. Очень плохо 2. Плохо 3. Удовлетворительно	4. Хорошо 5. Очень хорошо
3.4.2	Сколько находилось людей вместе с Вами в палате, в которой Вы лежали?	1. находился один 2. от 2 до 4	3. от 5 до 7 4. более 8
3.4.3	Имели ли Вы внутри больницы свободный и постоянный доступ к следующим удобствам?	1. Холодная и горячая вода 2. Только холодная вода	5. Другое – уточнить _____ 6. Не имел ничего из выше

	<i>[Интервьюер: несколько вариантов возможно отметить]</i>	3. Душ/баня 4. Туалет в помещении	перечисленного
3.4.4	Когда вы лежали в больнице ухаживали ли за Вами члены семьи или другие лица, не являющимися сотрудниками больницы (хотя бы один день)?	1. Да	2. Нет
3.4.5	Как Вы оцениваете питание, которое Вы получали Вы в больнице?	1. Очень плохо 2. Плохо 3. Удовлетворительно	4. Хорошо 5. Очень хорошо
3.4.6	Как Вы оценили бы отношение лечащего врача к Вам, когда вы лежали в больнице?	1. Очень плохо 2. Плохо 3. Удовлетворительно	4. Хорошо 5. Очень хорошо
3.4.7	Как Вы оценили бы отношение медсестер к Вам, когда вы лежали в больнице?	1. Очень плохо 2. Плохо 3. Удовлетворительно	4. Хорошо 5. Очень хорошо
3.4.8	Во то время , когда вы лежали в больнице достаточно ли Вы получали информации о течении Вашего заболевания?	1 Не достаточно 2.Скорее не достаточно	3. Скорее достаточно 4. Полностью достаточно

ИНТЕРВЬЮЕР: НАЧИНАЙТЕ ОПРОС РАЗДЕЛА 4 С ВОПРОСА 4.1.2.

Часть 4. Информация о лечении на амбулаторном уровне

Вопрос		Ответы-Коды	
		Интервьюер: подходящий ответ обведите	
4.1 Информация от больного относительно лечения на амбулаторном уровне в ЦСМ/ГСВ/ФАП			
Интервьюер: Сейчас мне хотелось бы задать Вам несколько вопросов относительно получаемого Вами лечения в настоящее время в ЦСМ/ГСВ/ФАП			
4.1.1	(Интервьюер: только спрашивать тех, кто лечился в поликлинике) Когда Вам поставили диагноз туберкулез, Вы начали лечение сразу же в ЦСМ/ГСВ/ФАП?	1. Да ----- переходите к В 4.1.4	2. Нет
4.1.2	Через сколько дней Вы начали лечение в ЦСМ/ГСВ/ФАП после того, как выписались из больницы?	_____ дней Если ответ 2 дня и менее--- переходите к В 4.1.4	
4.1.3	Какова причина того, что Вы начали лечение в ЦСМ/ГСВ/ФАП не сразу же, через 2 дня? [Интервьюер: несколько вариантов возможно отметить]	1. ЦСМ/ГСВ/ФАП находится далеко, сложно добраться 2. Мне выдали лекарства в стационаре на период больше двух дней 3. Врач в стационаре не объяснил это 4. Я трудовой мигрант и мне нужно было срочно уехать	5. Я не хотел/а, чтобы об этом узнали мои родные/соседи/друзья 6. Не было финансовых средств, чтобы покупать противотуб. лек-ва 7. Другое _____
4.1.4	Сколько времени Вы получаете лечение в ЦСМ/ГСВ/ФАП?	1. 1-2 месяца 2. 3-4 месяца	3. 5-6 месяцев 4. более 6 месяцев
4.1.5	На какой фазе лечения Вы находитесь в настоящее время?	1. Интенсивная	2. Поддерживающая 88. Не знаю
4.2 Информация от больного относительно доступности места лечения больного на амбулаторном уровне			
Интервьюер: Сейчас мне хотелось бы задать несколько общих вопросов о ЦСМ/ГСВ/ФАП, где Вы лечитесь			
4.2.1	Какое приблизительно расстояние от Вашего места проживания до ЦСМ/ГСВ/ФАП, где Вы лечитесь в настоящее время?	От поликлиники _____ м/км	
4.2.2	Как Вы чаще всего добираетесь до ЦСМ/ГСВ/ФАП? [Интервьюер: возможен только один вариант ответа]	1. Пешком 2. На собственной машине 3. На такси 4. На общественном транспорте	5. На маршрутном такси 6. На машине скорой помощи 7. Другое _____
4.2.3	Сколько времени Вам требуется, чтобы доехать/дойти до ЦСМ/ГСВ/ФАП?	_____ минут	

4.2.4	Сколько обычно бывает людей в очереди, чтобы зайти к медсестре за лекарственными препаратами?	_____ людей	
4.2.5	Сколько денег Вы обычно затрачиваете за один визит, чтобы добраться до поликлиники (туда и обратно)?	Назовите сумму _____	
4.2.6	Получаете ли Вы какую-либо социальную помощь во время лечения в ЦСМ/ГСВ/ФАП? (денежные средства, продукты, одежда и т.д.)	1. Да	2. Нет -- переходите к подразделу 4.2.9
4.2.7	Какую социальную помощь Вы получаете?	1. Денежные средства 2. Продукты питания	3. Одежда 4. Другое _____
4.2.8	Кто предоставляет Вам социальную помощь?	1. Местное самоуправление 2. ЦСМ/ГСВ/ФАП 3. Противотуберкулезная больница	4. Международные организации 5. Другие _____ 6. Не знаю
4.2.9	В каком виде Вы предпочли бы получать социальную помощь?	1. Денежные средства 2. Продукты питания	3. Одежда 4. Другое _____
4.2.10	Объясните ваш ответ, почему?	_____	
4.3. Информация о проведенных диагностических мероприятиях и принимаемых противотуберкулезных лекарствах			
Интервьюер: Теперь я хочу Вам задать вопросы об обследовании и принимаемых лекарствах в настоящее время			
4.3.1	Какие анализы Вы сдавали, и какие процедуры выполнены с момента вашего лечения в ЦСМ/ГСВ/ФАП? <i>[Интервьюер: несколько вариантов возможно отметить]</i>	1. Никакие 2. Анализ крови 3. Анализ мокроты 4. Рентгеновский снимок	5. Исследование на ВИЧ/СПИД 6. Другие 88= не знаю/не помню
4.3.2	Как часто вы принимаете противотуберкулезные лекарства? <i>[Интервьюер: отметить два варианта ответа – в день (1-3) и в неделю (4-7)]</i>	1. Более чем дважды в день 2. Дважды в день 3. Один раз в день	4. Каждый день 5. Трижды в неделю 6. Два раза в неделю 7. Один раз в неделю 8. Другое _____
4.3.3	Где Вы получаете противотуберкулезные лекарства?	1. Покупаю в аптеке 2. Выдают в ЦСМ/ГСВ/ФАП 3. Сельские комитеты здоровья	4. Другое _____ 88 - Не знаю
4.3.4	Всегда ли Вы принимаете противотуберкулезные лекарства в присутствии медицинского персонала?	1. Да, всегда---- переходите к вопросу 4.3.6 2. Не всегда, иногда	3. Никогда
4.3.5	Почему не в присутствии медицинского персонала? Объясните.	_____	

4.3.6	Сколько таблеток вы принимаете за один прием?	1. 1 табл. 2. от 2 до 4 табл.	3. от 5 до 7 табл. 4. от 8 до 10 табл.
4.3.7	Выдавали ли Вам когда-либо противотуберкулезные лекарства на дом на определенный период, чтобы Вы принимали их дома?	1. Да 2. Иногда	3. Нет---- переходите к подразделу 4.4
4.3.8	На какой период Вам обычно выдавали вперед лекарства?	_____ дни/недели/месяцы/на весь курс лечения	
4.3.9	Почему Вам выдавали противотуберкулезные лекарства на дом на определенный период? Укажите причины.	_____	
4.3.10	С начала лечения в ЦСМ/ГСВ/ФАП, сколько дней Вам пришлось пропустить прием противотуберкулезных лекарств, назначенных врачом?	1. Нисколько --- переходите к подразделу 4.4 2. 5 дней или меньше 3. 6 – 10 дней 4. 11 – 20 дней	5. 21 – 45 дней 6. Более чем 45 дней 88. Не знаю
4.3.11	Каковы основные причины, по которым вы не принимаете противотуберкулезные препараты? <i>[Интервьюер: несколько вариантов возможно отметить]</i>	1. Мой врач не назначил мне лекарства 2. Лекарства слишком дорогие – я не могу себе позволить такие расходы 3. Лекарств нет в наличии/в аптеках или больницах 4. Неприятные побочные действия 5. Не знаю, как правильно принимать лекарства 6. Врач назначил, но я думаю, что мне не нужны лекарства	7. Я чувствую, что почти выздоровел, и нет необходимости в приеме лекарств 8. В клинике отсутствуют врачи или медсестры 9. Мне не удобно ходить в поликлинику принимать лек-ва в назначенное время 10. В поликлинике, где я принимаю лек-ва, мед.работники, относятся ко мне без уважения 11. Другие причины _____
4.4 Удовлетворенность пациентов медицинским обслуживанием в поликлинике и их нужды			
Интервьюер: А теперь я задам Вам вопросы относительно отношения медицинского персонала и Ваших нужд для продолжения лечения			
4.4.1	Как Вы в общем оцениваете лечение в ЦСМ/ГСВ/ФАП?	1. Очень плохо 2. Плохо 3. Удовлетворительно	4. Хорошо 5. Очень хорошо
4.4.2	Как Вы оцениваете отношение Вашего лечащего врача (фтизиатра) к Вам?	1. Очень плохо 2. Плохо 3. Удовлетворительно	4. Хорошо 5. Очень хорошо
4.4.3	Как Вы оцениваете отношение медсестер к Вам?	1. Очень плохо 2. Плохо 3. Удовлетворительно	4. Хорошо 5. Очень хорошо

4.4.4	Во время Ваших визитов предоставляют ли врачи/медсестры необходимую информацию Вам/Вашим родным о течении Вашего заболевания?	1. Да	2. Нет
4.4.5	Укажите в общем , как отразилось все лечение (в больнице и ЦСМ/ГСВ/ФАП) на Вашем/Ваших родных финансовом положении?	1. Никак не отразилось 2. Незначительно отразилось	3. Значительно отразилось 4. Другое (пояснить) _____
4.4.6	Что, по Вашему мнению, нужно Вам, чтобы успешно завершить лечение? <i>[Интервьюер: несколько вариантов возможно отметить]</i>	1. Знать, что ТБ излечим 2. Поддержка семьи 3. Поддержка общества 4. Хорошее питание 5. Улучшить отношение медицинского персонала	6. Социальная поддержка 7. Все выше перечисленное 8. Ничего не нужно 9. Другое
4.4.7	Где бы Вы предпочли получать лечение?	1. Дома 2. В больнице 3. в ЦСМ/ГСВ/ФАП	4. В санатории 5. Другое _____
4.4.8	Кого бы Вы выбрали, для того что бы наблюдали за тем как Вы принимаете противотуберкулёзные лекарства?	1. Медработник 2. Сельские комитеты здоровья	3. Член семьи 4. Сосед/друг 5. Другой _____

Часть 5. Стигма

Вопрос		Ответы-Коды	
		Интервьюер: подходящий ответ обведите	
5.1	После того, как Вам был поставлен диагноз «туберкулез», о чем больше всего Вы беспокоились: <i>[Интервьюер: несколько вариантов возможно отметить]</i>	1. Я не о чем не беспокоился 2. Буду изолированным 3. Лечение платное и будут расходы на лечение 4. Страх длительного и трудного лечения 5. Страх потери работы 6. Страх заразить свою семью 7. Страх смерти 8. Страх, что болезнь не излечима 9. Боязнь, что не смогу жениться или выйти замуж. 10. Другое _____	
5.2.	Пытались ли вы скрыть, что вы больны ТБ	1. Да 2. Нет --- <i>переходите к В. 5.7</i>	
5.3.	Почему вы пытались скрывать, что больны ТБ <i>[Интервьюер: несколько вариантов возможно отметить]</i>	1. Потому что все будут избегать меня 2. Потому что могу потерять работу 3. Потому что это болезнь бедняков, бомжей и пьяниц 4. Другое_____	
5.4	От кого вы пытались скрыть свою болезнь? <i>[Интервьюер: несколько вариантов возможно отметить]</i>	1. от общества (соседи, коллеги и др) 2. от друзей 3. от семьи 4. другое	
5.5	Потратили ли Вы/Ваши родственники дополнительные финансовые средства для того, чтобы скрыть то, что Вы больны ТБ? Например, Вы пошли лечиться в лечебное учреждение, которое находится дальше, от Вашего места проживания, несмотря на то, что есть близлежащее учреждение. Назовите другие причины расходов	1. Да 2. Нет--- <i>переходите к В.5.7</i> Причины: _____	
5.6	Если да, то, сколько Вы/Ваши родственники потратили денег в течение всего курса лечения, чтобы скрыть свою болезнь?	_____	
5.7	После того, как стало известно, что у вас туберкулез		
5.7.1	Посещаете ли Вы какие-нибудь социальные мероприятия (например, свадьба, похороны, вечеринки, клубы)?	1. Да - <i>переходите к В.5.7.3</i>	2. Нет
5.7.2	Почему не посещали?	1. Меня не приглашают	2. Меня приглашают, но я сам/а не хожу

			3. Другое_____
5.7.3.	Были ли Вы изолированы от других членов семьи (например, стали отдельно готовить пищу, отдельно кушать, спать в отдельной комнате?)?	1. Да	2. Нет - переходите к В.5.7.5
5.7.4	Кто Вас изолировал?	1. Я сам изолировался	2. Меня изолировали, но я не хотел
5.7.5	Было ли осуждение со стороны членов семьи, соседей, друзей, мед. работников, других людей?	1. Да	2. Нет
5.7.6	Были ли Вы вынуждены изменить место проживания по этой причине?	1. Да	2. Нет
5.7.7	Потеряли ли Вы работу или возможность посещать учебное заведение по причине болезни ?	1. Да	2. Нет переходите к В.5.7.9
5.7.8	Вы сами приняли решение не работать или не учиться?	1. Да, Сам	2. Нет, меня уволили/отчислили
5.7.9	Были ли случаи, когда члены вашей семьи были уволены с работы или лишены возможности посещать учебное заведение по причине вашей болезни?	1. Да	2. Нет
5.7.10	Были ли случаи, когда с кем-то из вашей семьи отказывались общаться (играть с детьми) по причине вашей болезни?	1. Да	2. Нет

Часть 6. Расходы пациентов ходе лечения в больнице

Вопрос		Ответы-Коды Интервьюер: подходящий ответ обведите	
Интервьюер: Сейчас я хочу задать несколько вопросов относительно затрат на транспорт, исследования и лекарственные препараты, которые у Вас были пока Вы находились в больнице			
6.1	Можете ли Вы перечислить основные расходы, которые были у Вас во время лечения в больнице? [Интервьюер: несколько вариантов возможно отметить]	1. Не было расходов---переходите к части 7 2. Расходы на транспорт 3. Расходы на покупку лекарственных препаратов 4. На оплату врача 5. На оплату медсестре 6. На оплату палаты	7. Расходы на лабораторное исследование 8. Расходы на дополнительное питание 9. Все вышеперечисленное 10. Другое (пояснить) _____
6.2	Были ли у Вас/Ваших родных затраты на рентгенологическое исследование с момента Вашего лечения в этой больнице?	1. Да	2. Нет ---переходите к В.6.4
6.3	Сколько Вы/Ваши родные потратили на одно рентгенологическое исследование?	Впишите сумму _____	
6.4	Были ли у Вас/Ваших родных затраты на лабораторное исследование мокроты с момента Вашего лечения в этой больнице?	1. Да	2. Нет ---переходите к В.6.6
6.5	Сколько Вы/Ваши родные потратили на лабораторное исследование одного анализа мокроты?	Впишите сумму _____	
6.6	Были ли у Вас/Ваших родных затраты на другие анализы/процедуры (кроме вышеперечисленных), в то время когда вы находились в больнице?	1. Да	2. Нет ---переходите к В.6.9
6.7	Скажите, на какие анализы/процедуры (кроме вышеперечисленных)?	Назовите какие анализы _____	
6.8	Сколько Вы/Ваши родные потратили на другие анализы/процедуры (кроме вышеперечисленных), один анализ/процедуру	Впишите сумму _____	
6.9	С тех пор как Вы начали лечение, потратили ли Вы деньги на покупку противотуберкулезных препаратов, необходимых для Вашего лечения?	1. Да	2. Нет -----переходите к В. 6.11
6.10	Сколько именно Вы потратили денег на покупку этих противотуберкулезных препаратов ?	Впишите сумму _____	

6.11	С тех пор как Вы начали лечение, потратили ли Вы деньги на покупку других лекарственных препаратов (нетуберкулезных) и изделий медицинского назначения, назначенных врачом?	1. Да	2. Нет ----- переходите к В. 6.14
6.12	Сколько именно Вы потратили денег на покупку этих других лекарственных препаратов (нетуберкулезных) и изделий медицинского назначения?	Впишите сумму _____	
6.13	Были ли у Вас/Ваших родных дополнительные расходы на питание во время вашего пребывания в больнице?	1. Да	2. Нет – переход к В.6.16
6.14	Могли бы Вы приблизительно назвать, какую сумму в целом Вы/Ваши родные потратили на питание за время Вашего пребывания в больнице?	Впишите сумму _____ (сом)	
6.15	Платили ли Вы/Ваши родные Вашему лечащему врачу в течение всего периода Вашего лечения в больнице?	3. Да -	Нет – переход к В.6.17
6.16	Скажите, какую сумму в целом Вы/Ваши родные оплатили Вашему лечащему врачу за все Ваше пребывания в больнице?	Впишите сумму _____ (сом) В натуре _____ (сом)	
6.17	Платили ли Вы/Ваши родные медицинской сестре в течение всего периода Вашего лечения в больнице?	4. Да -	Нет – переход к В.6.19
6.18	Скажите, какую сумму в целом Вы/Ваши родные оплатили медицинской сестре за все Ваше пребывания в больнице?	Впишите сумму _____ (сом) В натуре _____ (сом)	
6.19	Платили ли Вы/Ваши родные Вашему любому другому врачу в течение всего периода Вашего лечения в этой больнице?	1. Да -	2. Нет – переход к В.6.22
6.20	Укажите специальность врача, которому Вы/Ваши родные платили.	1. Эндокринолог 2. Гинеколог 3. Кардиолог	4. Хирург 5. Уролог 6. Другие _____
6.21	Скажите, какую сумму в целом Вы/Ваши родные оплатили данному врачу за все Ваше пребывания в больнице?	Впишите сумму _____ (сом) В натуре _____ (сом)	
6.22	Потратили ли Вы/Ваши родные деньги на другие нужды, кроме того (что не было упомянуто выше)? Если да, то на что Вы потратили деньги	1. Да 2. Нет ----- переходите к Части 7	Укажите на что _____ _____
6.23	Скажите, какую сумму в целом Вы/Ваши родные потратили на другие нужды?	Впишите сумму _____ (сом) В натуре _____ (сом)	

Часть 7. Расходы пациенты в ходе лечения в ЦСМ/ГСВ/ФАП

Интервьюер: Сейчас я задам Вам вопросы относительно затраченных Вами средств на лечение в настоящее время

7.1	Были ли у Вас/Ваших родных затраты на рентгенологическое исследование с момента Вашего лечения в ЦСМ/ГСВ/ФАП?	1. Да	2. Нет --- переходите к В.7.3
7.2	Сколько Вы/Ваши родные потратили на одно рентгенологическое исследование?	Впишите сумму _____ сом	
7.3	Были ли у Вас/Ваших родных затраты на лабораторное исследование мокроты с момента Вашего лечения в ЦСМ/ГСВ/ФАП?	1. Да	2. нет--- переходите к В.7.5
7.4	Сколько Вы/Ваши родные выплатили за одно лабораторное исследование мокроты?	Впишите сумму _____ сом	
7.5	Были ли у Вас/Ваших родных затраты на покупку противотуберкулезных препаратов в ходе всего Вашего курса лечения в ЦСМ/ГСВ/ФАП?	1. Да	2. Нет --- переходите к В.7.7
7.6	Сколько Вы/Ваши родные потратили в целом на покупку противотуберкулезных препаратов за тот период, как вы начали получать лечение в ЦСМ/ГСВ/ФАП?	Впишите сумму _____ (сом) В натуре _____(сом) 88.Не знаю/не помню	
7.7	Платили ли Вы/Ваши родные Вашему лечащему врачу с тех пор как Вы начали лечение в ЦСМ/ГСВ/ФАП?	1. Да	2. Нет -- переход к В.7.9
7.8	Могли бы Вы назвать какую сумму в целом Вы/Ваши родные оплатили Вашему лечащему врачу с тех пор как Вы начали лечение в ЦСМ/ГСВ/ФАП?	Впишите сумму _____ (сом) В натуре _____(сом) 88.Не знаю/не помню	
7.9	Платили ли Вы/Ваши родные медицинской сестре с тех пор как Вы начали лечение в ЦСМ/ГСВ/ФАП?	1. Да	2. Нет -- переход к В.7.11
7.10	Могли бы Вы назвать какую сумму в целом Вы/Ваши родные оплатили медицинской сестре с тех пор как Вы начали лечение в ЦСМ/ГСВ/ФАП?	Впишите сумму _____ (сом) В натуре _____(сом) 88.Не знаю/не помню	
7.11	Потратили ли Вы/Ваши родные деньги на другие нужды кроме того, что не было упомянуто выше?	1. Да	2. Нет --- закончить интервью 88.Не знаю
7.12	Могли бы Вы назвать какую сумму в целом Вы/Ваши родные потратили на другие нужды?	Впишите сумму _____ (сом) В натуре _____(сом) 88.Не знаю/не помню	

СПАСИБО ЗА ИНТЕРВЬЮ!!!